

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)

REF ID: NO.
APPLICANT(S)

100154
90195

CLAIMS

CLAIM NUMBER	AS FILED		AFTER SEARCHED		AFTER SEARCHED		CLAIMS		AS FILED		AFTER SEARCHED		AFTER SEARCHED	
	NO.	O.C.P.	NO.	O.C.P.	NO.	O.C.P.	NO.	O.C.P.	NO.	O.C.P.	NO.	O.C.P.	NO.	O.C.P.
1							61							
2							62							
3							63							
4							64							
5							65							
6							66							
7							67							
8							68							
9							69							
10							70							
11	1						71							
12							72							
13							73							
14							74							
15							75							
16							76							
17							77							
18							78							
19							79							
20		1					80							
21							81							
22							82							
23							83							
24							84							
25							85							
26		1					86							
27							87							
28							88							
29							89							
30							90							
31							91							
32							92							
33							93							
34							94							
35							95							
36							96							
37							97							
38							98							
39							99							
40							100							
41							TOTAL NO. 18							
42							TOTAL O.C.P. 18							
43							TOTAL NO. 18							
44							TOTAL O.C.P. 18							
45							TOTAL NO. 18							
46							TOTAL O.C.P. 18							
47							TOTAL NO. 18							
48							TOTAL O.C.P. 18							
49							TOTAL NO. 18							
50							TOTAL O.C.P. 18							